

FACSIMILE TRANSMITTAL

BOZICEVIC, FIELD & FRANCIS LLP

200 Middlefield Road, Suite 200

Menlo Park, CA 94025

Telephone: (650) 327-3400

Facsimile Number: (650) 327-3231

Date: February 26, 2003
To: Omega Lewis, U.S Patent and Trademark Office.
Certificate of Correction Branch
Fax: 703-308-6672
From: Bret Field
Re: Request for Certificate of Correction mailed 07/24/01
Our Ref: STAN-155

Message: Pursuant to your telephone call of today, enclosed please find a copy of Certificate of Correction as forwarded to the USPTO on 7/24/01.
Please free to contact me if you have any questions or need further documentation.

See attached for details. **Please confirm receipt via return facsimile.**

Total including cover 8pages

WARNING: This facsimile message and accompanying documents are intended only for the use of the addressee indicated above. Information that is privileged or otherwise confidential may be contained therein. If you are not the intended recipient, you are hereby notified that any dissemination, copying, review or use of the above message or the accompanying documents is strictly prohibited. If you have received this message in error, please notify us immediately by telephone or facsimile, and mail the original to us at the above address. Thank you.

Please contact the sender at (650) 327-3400 if you have any problems receiving this transmission.

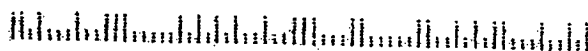
STAN-155

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231

A request for a Certificate of Correction has
been received for U.S. Patent 6150349

BRET E. FIELD
BOZICEVIC, FIELD & FRANCIS, LLP
200 MIDDLEFIELD ROAD, SUITE 200
MENLO PARK, CA 94025

37



File No. STAN155 Date Mailed: July 24, 2001
Patent No. 6,150,349 Date Issued: November 21, 2000
Application No. 09/244,457 Dated Filed: January 4, 1999
Inventor(s): Schatzberg et al. Atty/Sec: BEF/djm
Title: METHODS FOR TREATING PSYCHOSIS ASSOCIATED WITH
GLUCOCORTICOID RELATED DYSFUNCTION

Enclosures:

- ◆ Combined Transmittal and Fee Calculation Sheet (in duplicate)
(4 pgs)
- ◆ Petition for Certificate of Correction (1 pg)
- ◆ Certificate of Correction (1 pg.)

Acknowledge Receipt of enclosures
By imprinting PTO Date Stamp
and Returning to addressee

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Name (Print/Type)	Donna Macedo	Signature	<i>DMacedo</i>	Date	07-24-2001
-------------------	--------------	-----------	----------------	------	------------

Combined Transmittal and Fee Calculation Sheet

☐ Small Entity ☐ Large Entity

Application Number	09/244,457
Confirmation Number	n/a
Filing Date	February 4, 1999
First Named Inventor	Schatzberg et al.
Patent No.	6,150,349
Issue Date	November 21, 2000
Attorney Docket No.	STAN155

ENCLOSED:

☐ Amendment Under Rule

☐ 37 CFR §

☐ Pages

Claims

No. of claims as
filed or after
amendment

Most claims
previously
paid for

Extra Claims

Rate

Totals

Total

Independent

Multiple

Total Extra Claim Fees

\$ -

\$ -

\$ -

☐ Extension of time from _____ to _____ Fee _____

☐ Response to File Missing Parts (with copy of formalities letter)

☐ Filing Fee

Fee

☐ Executed Declaration

Pages

Surcharge Fee

☐ Other

Fee

Fee

Fee

Fee

Subtotal \$ -

☐ Information Disclosure Statement

☐ PTO Form 1449

Pages

☐ Copies of Cited References

☐ Other

Fee

Subtotal \$0.00

☐ Response to Notice to Comply (with copy of Notice to Comply)

☐ Sequence Listing Certification

☐ Paper Copy of Sequence Listing

Pages

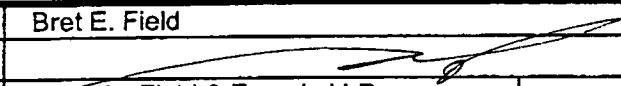
☐ Diskette in computer-readable format

☐ Other

Fee

DOCKETED

filed 7/24/01

<input type="checkbox"/> Terminal Disclaimer		Fee
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group		
<input type="checkbox"/> Notice of Appeal	Pages _____	Fee _____
<input type="checkbox"/> Appeal Brief in Triplicate	Pages _____	Fee _____
<input type="checkbox"/> Reply Brief	Pages _____	Fee _____
Subtotal		\$ -
<input type="checkbox"/> Issue Fee PTO 85B		
Fee		_____
<input type="checkbox"/> Advance copies _____		
Fee		_____
<input type="checkbox"/> Submission of Formal Drawings Transmittal with _____ sheets enclosed		
Subtotal		\$ -
<input checked="" type="checkbox"/> Other Enclosures and/or Fees	<u>Petition for Certificate of Correction</u>	Fee \$100.00
<input checked="" type="checkbox"/> Certificate of Correction		
<input checked="" type="checkbox"/> Return Receipt Postcard		
TOTAL FEES		\$100.00
<p>The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.</p>		
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED		
Name (Print/Type)	Bret E. Field	Registration No. 37,620
Signature		Date 07-24-2001
Firm Name	Bozicevic, Field & Francis LLP	Address 200 Middlefield Road, Suite 200
City	Menlo Park	State California zip 94025
Telephone - Direct Dial	650-833-7770	Facsimile 650-327-3231

Application No. 09/244,457Attorney Docket No. STAN155Page 2 of 2
rev.6/27/01

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Name (Print/Type) Donna Macedo Signature *Donna Macedo* Date 07-24-2001

Combined Transmittal and Fee Calculation Sheet

☐ Small Entity ☐ Large Entity

COPY

Application Number	09/244,457
Confirmation Number	n/a
Filing Date	February 4, 1999
First Named Inventor	Schatzberg et al.
Patent No.	6,150,349
Issue Date	November 21, 2000
Attorney Docket No.	STAN155

ENCLOSED:

☐ Amendment Under Rule

☐ 37 CFR §

☐ Pages

Claims

No. of claims as
filed or after
amendment

Most claims
previously
paid for

Extra Claims

Rate

Totals

Total

Independent

Multiple

Total Extra Claim Fees

\$ -

\$ -

\$ -

☐ Extension of time from _____ to _____ Fee _____

☐ Response to File Missing Parts (with copy of formalities letter)

☐ Filing Fee

Fee

☐ Executed Declaration

Pages

Surcharge Fee

☐ Other

Fee

Fee

Fee

Fee

Subtotal \$ -

☐ Information Disclosure Statement

☐ PTO Form 1449

Pages

☐ Copies of Cited References

☐ Other

Fee

Subtotal \$0.00

☐ Response to Notice to Comply (with copy of Notice to Comply)

☐ Sequence Listing Certification

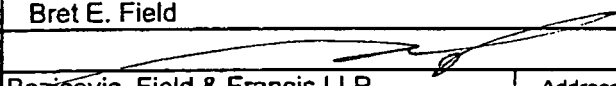
☐ Paper Copy of Sequence Listing

Pages

☐ Diskette in computer-readable format

☐ Other

Fee

<input type="checkbox"/> Terminal Disclaimer		Fee	
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group			
<input type="checkbox"/> Notice of Appeal	Pages		Fee
<input type="checkbox"/> Appeal Brief in Triplicate	Pages		Fee
<input type="checkbox"/> Reply Brief	Pages		Fee
Subtotal			\$ -
<input type="checkbox"/> Issue Fee PTO 85B		Fee	
<input type="checkbox"/> Advance copies		Fee	
<input type="checkbox"/> Submission of Formal Drawings Transmittal with		sheets enclosed	
Subtotal			\$ -
<input checked="" type="checkbox"/> Other Enclosures and/or Fees	<u>Petition for Certificate of Correction</u>		Fee \$100.00
<input checked="" type="checkbox"/> Certificate of Correction			
<input checked="" type="checkbox"/> Return Receipt Postcard			TOTAL FEES \$100.00
<p>The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.</p>			
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED			
Name (Print/Type)	Bret E. Field		Registration No. 37,620
Signature			Date 07-24-2001
Firm Name	Bozicevic, Field & Francis LLP	Address	200 Middlefield Road, Suite 200
City	Menlo Park	State	California
Telephone - Direct Dial	650-833-7770	Facsimile	650-327-3231

Application No. 09/244,457 Attorney Docket No. STAN155 Page 2 of 2
rev.6/27/01